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Bib Data Sheet

CONFIRMATION NO. 9041

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------------|
| 10/799,963 | 03/12/2004 RULE | 370 | 2617 | NRT.0121US (16634RRUS02U) |

APPLICANTS

Mo-Han Fong, L'Orignal, ON, CANADA;
 Jun Li, Richardson, TX;
 Sophie S. Vrzic, Nepean, ON, CANADA;
 Ali Iraqi, Kanata, ON, CANADA;

** CONTINUING DATA *****

This appln claims benefit of 60/454,714 03/15/2003 and claims benefit of 60/457,215 03/25/2003 and claims benefit of 60/459,534 04/01/2003 and claims benefit of 60/462,220 04/11/2003 and claims benefit of 60/468,442 05/06/2003 and claims benefit of 60/469,106 05/09/2003 and claims benefit of 60/469,778 05/12/2003 and claims benefit of 60/475,440 06/03/2003 and claims benefit of 60/478,792 06/16/2003 and claims benefit of 60/495,544 08/15/2003 and claims benefit of 60/499,584 09/02/2003 and is a CIP of 10/793,056 03/04/2004 which claims benefit of 60/452,370 03/06/2003 and claims benefit of 60/454,714 03/15/2003 and claims benefit of 60/457,215 03/25/2003 and claims benefit of 60/459,534 04/01/2003 and claims benefit of 60/462,220 04/11/2003 and claims benefit of 60/468,442 05/06/2003 and claims benefit of 60/469,106 05/09/2003 and claims benefit of 60/469,778 05/12/2003 and claims benefit of 60/475,440 06/03/2003 and claims benefit of 60/478,792 06/16/2003 and claims benefit of 60/495,544 08/15/2003 and claims benefit of 60/499,584 09/02/2003

OK - ag 1/22/07

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/06/2004

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|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | ON | 3 | 25 | 3 |
| Verified and Acknowledged | Examiner's Signature <i>A. Gonzalez ag</i> | Initials | | | |

ADDRESS

21906

TITLE

Communicating a broadcast message to change data rates of mobile stations

| | | | | | | | | |
|---|---|---|-----------------------------------|---|---|--|--------------------------------------|---------------------------------|
| FILING FEE RECEIVED 990 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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